

## ***Instructions for completing the Individual Animal Respiratory Disease Record***

**Released horses showing signs of respiratory disease:** complete the questions contained in the box for each animal if a sample is collected. Mark “released” on sample. **Removed animals, Judas and saddle horses:** Complete entire form for **ALL** animals showing signs of respiratory disease, whether or not a sample is actually obtained.

**Current Facility/Gather Site:** Indicate name of current BLM facility or HMA.

**Herd management area of origin:** Indicate HMA from which the animal was first removed.

**Date swab sample collected:** Indicate Day/month/year this animal was sampled. This date should also be marked on sample.

**Site sampled:** Circle site swab sample collected from.

**Identification:** Make sure that identification on this form matches ID marked on the swab sample. **Freeze brand number:** for removed horses already assigned a freeze brand number. **Temporary ID number:** for removed horses not yet assigned a freeze brand number. The temporary number should begin with the letter “t” and include initials of the gather on form (e.g. for a horse sampled in Rock Springs: TRS109). This number should be clearly marked on the horse with a grease pencil as well. Temporary ID should be accompanied by a full description include color, markings and any other distinguishing characteristics (this can be added on reverse or in margin of page). When the horse is assigned a permanent number, please forward the freeze brand number along with the temporary number to Liz Mumford. **Saddle/Judas horse name:** indicate name as given on the contact horse history record. **Check here if released:** Check box if this horse is to be released and complete only the information in top portion of form. Mark sample with date, gather name and the word “released.”

**Age estimate:** Indicate estimated age in either months or years.

**Species:** Indicate if animal is a horse, burro, or mule.

**Gender:** Indicate if animal is an intact male, castrated male, or female.

**Please indicate if/when any of the following clinical signs are noted to be present:** Check the box and add the day/month/year each sign was first noticed, if applicable. For released horses, just check the box.

**Please describe any other clinical signs noted (incl. date):** Indicate other clinical signs and day/month/year first noted (e.g. inappetence, lameness, swollen legs, swollen sheath, drooling). For released horses, no date is required.

**Current body condition score:** Indicate body condition score at the time the animal began to show clinical signs of respiratory disease. The scoring system currently used by the BLM should be used.

**The information below should only be completed for animals NOT released:**

**Date animal removed from group:** Indicate day/month/year animal was moved from original pen due to illness.

**Date animal returned to group (if applicable):** Day/month/year animal returned to original pen after removal for illness.

**Date animal considered recovered:** Indicate Day/month/year animal considered to be recovered from respiratory disease.

**Previous facility, including satellite adoption facility (if known):** Please indicate name of the BLM or other facility (or gather for saddle/Judas horses) this animal was most recently housed at, just prior to arriving at the current facility/gather.

**Or, check the appropriate box:** If horse was determined to be ill and was sampled at a gather site and removed, check “this is a gather” box. If horse was determined to be ill and sampled at the first facility after gathering, check “this is the first facility after gathering” box.

**Date arrived at present facility:** Indicate day/month/year horse arrived at the present facility. If horse had been housed at this facility previously, indicate date of most recent arrival. If this is a gather site, leave this blank.

**Shipping vendor used on arrival (if applicable):** Indicate name of shipping company used to transport the horse to the current facility. Check box if a BLM truck was used. If a private truck/trailer was used, please note and indicate name of the owner of truck.

**All vaccinations given at this facility:** Indicate the day/month/year of the most recent vaccinations against all disease agents. If exact dates are not known and can not be determined from veterinary records, etc, please approximate (e.g. “Spring, 1997”). Indicate the specific product used for the most recent vaccination, as well as whether the product was injected into the muscle, sprayed into the nose, or administered by mouth. Alternatively, a copy of the horse’s complete and up-to-date health record may be attached if all requested information is included.

**Medications administered at this facility for respiratory disease:** List all medications administered in association with respiratory disease in this animal, including day/month/year treatment initiated and terminated, dose, and product used.

**Please comment on any other events/conditions that you believe might have contributed to this animal’s illness:** Indicate management changes, weather occurrences, concurrent illnesses, or any other extenuating circumstances that you believe might have contributed to this animal becoming ill. Continue on another page if necessary.

**Gathers:** Please return these forms on horses sampled at gathers along with the Gather Record to the address below within one week of completion of the gather.

**Facilities:** Please return these forms on horses sampled at facilities to the address below on a monthly basis.

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